

Scrivner, Cody J. - Medicaid

From: Toni Sparks [TSparks@alltogether-now.com]

Sent: Monday, August 16, 2010 12:28 PM

To: Eide, Tamara J. - Medicaid

Subject: August review

I'm supporting the current formulary of Atypicals, stimulants and antidepressants. Rather than trying to put restrictions on prescribers and limiting good and safe medications for patients, try fixing the broken system!!! I collect thousands of pills every week from patients who continue to get d/c'd Rx's from the pharmacy, or those who go from hospital to provider to provider and get 10 Rx's in a week all of which are filled but never taken. I'd be more the willing to talk with the State/Medicaid about solutions rather than bandages for this problem. Restricting access to save a few bucks won't fix the bigger problem. Toni Sparks FNP-BC

8/16/2010

Scrivner, Cody J. - Medicaid

From: Kristina Harrington MD [kristina@drharrington.net]
Sent: Friday, August 13, 2010 2:29 PM
To: Eide, Tamara J. - Medicaid
Subject: Formulary

Dear Ms. Eide:

I am a psychiatrist practicing in the Boise area. I understand you are reviewing atypical antipsychotics for the Medicaid formulary. I am hoping you can take into account the side effect profiles of various medications when determining first line agents. I do think that atypical antipsychotics with favorable metabolic profiles should be made available as first line agents. The cost of managing medical conditions that arise because of medication side effects should be considered when formulary decisions are made, as this is part of the "true" cost of the medication.

Respectfully,
Kristina Harrington, M.D.

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(20100813)

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<http://www.eset.com>

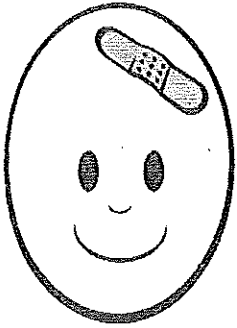
FW Medicaid review of the medication Lexapro.txt

From: Richard Pines [mailto:PINESR@sarmc.org]
Sent: Tuesday, August 03, 2010 11:33 AM
To: Eide, Tamara J. - Medicaid
Cc: dawn.brockett@frx.com
Subject: Medicaid review of the medication Lexapro

Hi Tami

Please talk to the committee about taking Lexapro off PA for children and adolescents. I feel that the efficacy of this antidepressant is superior to the other SSRI's.

Thanks
Rich Pines



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August 3, 2010

RE: Lexapro Adolescent Indication for Depression

ATTN: Tamara Eide
Medicaid Pharmacy Supervisor

As a family practice doctor I have a large adolescent population, and as their provider I prescribe the medications needed to achieve therapeutic relief for all medical conditions.

Lexapro is a drug I use a lot in my adolescent patients based on the effect I have seen in my patients. Parents of these adolescent patients have also noted dramatic improvement in depression symptoms as well.

Lexapro is already FDA approved for adolescent children ages 12-18 years old. Please allow coverage from Medicaid for this same population.

Please call my office if you have any questions.

Thank you,

Flint Packer, D.O.

FP/km

FLINT R. PACKER, D.O.

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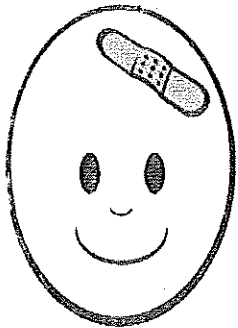
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3614 WASHINGTON PKWY.

IDAHO FALLS, ID 83404

PHONE (208) 552-7700

FAX (208) 552-1786



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August 3, 2010

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Thank you,

Boyd Southwick, D.O.

BS/km

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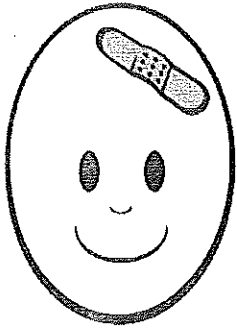
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Please call my office if you have any questions.

Thank you,

Vickie Blair, FNP-c

VB/km

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Scrivner, Cody J. - Medicaid

From: Toni Sparks [TSparks@alltogether-now.com]
Sent: Monday, August 16, 2010 12:22 PM
To: Eide, Tamara J. - Medicaid
Cc: lee.fisher@frx.com
Subject: Medicaid reveiw

This is a letter supporting Lexapro as a viable part of the current formulary for the treatment of depression, anxiety in adolescents & adults. Taking Lexapro off formulary will indeed make it difficult to treat adolescents in a safe manner.

8/16/2010



Deric V. Ravsten D.O.
Diplomate in Psychiatry, ABPN
1777 E. Clark Suite 210, Pocatello, Idaho 83201 Phone 208.233.LIFE (5433), Fax 877.284.2783
www.lifechangeassociates.net

August 12, 2010

RE: Review of Atypical Medications

To Idaho Medicaid P & T Committee,

I strongly urge the P and T committee to consider a psychotropic drug formulary based on physician or medical provider training. That is to say, that there be limited access to all psychotropic agents, such as new, expensive or complicated agents (eg. Fanapt, Abilify & Clozaril, respectively) for Medicaid patients if the patient is not being seeing by a psychiatrist.

Managed care organizations, states, and other countries, including New Zealand where I have worked, have a restricted formulary for primary care providers (to include mid-level providers) and non-psychiatric specialists, to ensure that the use of psychotropic agents are appropriately utilized. This makes sense in terms of quality of care and cost containment.

Specifics would include something like access to four to five antidepressants, a few antimanic agents and two to three atypical antipsychotic agents, etc. Beyond that, consultation about the medication management and diagnostic clarification would be required for Medicaid patients to have access to other non-primary care formulary agents and/or psychotropic agents. Furthermore, for psychiatrists an open formulary would remain in effect but with a very, very simple statement from the psychiatrist justifying off-label usage and/or higher than recommended dosage, etc. Those statements and reasons for usage would then be reviewed by an impartial PSYCHIATRIST (meaning a psychiatrist well versed in the literature AND clinical care decision-making in the real world of clinical care and one who is not influenced by Medicaid cost containment incentives) who would assess these justification statements as part of the utilization review process.

I would enjoy having the opportunity to discuss the details of this type of program, based on my experience with the health care system in New Zealand and how it might work in Idaho, upon invitation from the P and T committee.

Sincerely,

Deric V. Ravsten, D.O.

Scrivner, Cody J. - Medicaid

From: Janet Strong NP [janet@omegahealthservices.com]
Sent: Monday, August 09, 2010 7:22 PM
To: Eide, Tamara J. - Medicaid
Subject: lexapro

Hello Tamara

Thank you for your work with prescription review. I work in psychiatry doing medication management for outpatient mental health and understand that the review process is coming up and would like to express my input on anti depressants. The SSRI have been a boon for depressed patients and each one since Prozac has "cleaned up" the side effect profile. On paper Celexa may appear to be clinically equal to Lexapro in some ways, but in my experience often Lexapro is better tolerated with fewer side effects and is more efficacious. I would request continuing to allow Lexapro, possible without prior authorization to benefit the depressed patient. It has also been a significant help to the adolescent population in my practice. Also I hope I would be able to use it without having failed another medication.

Thank you again for taking time to consider the options for the mentally ill patients.

Sincerely, Janet Strong FNP

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